

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**  
 05-07-2000 90037 049 \*\*\*150.00

**DOCUMENT # P94000068447**

1. Entity Name  
**INTEGRITY APPRAISAL SERVICES, INC.**

Principal Place of Business

Mailing Address

1000 N. UNIVERSITY DRIVE  
 STE 446  
 CORAL SPRINGS FL 33067

4691 NORTH UNIVERSITY DRIVE  
 STE. 446  
 CORAL SPRINGS FL 33067-4620  
 US

2. Principal Place of Business

**4630 N. UNIVERSITY DRIVE**

3. Mailing Address

**4630 NORTH UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**STE 446**

Suite, Apt. #, etc.

**STE 446**

City & State

**CORAL SPRINGS FL**

City & State

**CORAL SPRINGS FL**

Zip

**33067**

Country

**US**

Zip

**33067**

Country

**US**

6. Name and Address of Current Registered Agent

**BERMAN, MICHAEL J.**  
**5144 SPRING WAY**  
**CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Michael J. Berman Pres.*

**NO CHANGE**

**4/20/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERMAN, MICHAEL J</b>	
STREET ADDRESS	<b>4691 N. UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, MICHAEL J.</b>	
STREET ADDRESS	<b>4630 N. UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael J. Berman Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/00 954-340-1089**

Date

Daytime Phone #

CR2E034 (9/99)